

CITY OF BURBANK
FINANCIAL SERVICES DEPARTMENT
TRANSIENT PARKING TAX MEDICAL EXEMPTION APPLICATION

Date _____

Name of entity/Parking Facility Operator/Owner _____

Parking Facility Address _____

Mailing Address (If different) _____

Print name of Authorized Operator _____

Name of mailing agent (If different than Operator) _____

Title _____

Telephone Number _____

In accordance with Burbank Municipal Code, Title 2, Chapter 4, Article 19, Section 1906 the following guidelines have been established by the Tax Administrator to certify the medical exemption for a medical facility as defined in section 2-4-1902.

1. A building must have at least (90) percent of the total occupied space be occupied by tenants who provide medical, dental, psychological, pharmacy, medical laboratory and/or other similar health care services to humans.
2. If at any point the total occupied space of a building, occupied by tenants who provide medical, dental, psychological, pharmacy, medical laboratory and/or other similar health care services to humans falls below (90) percent of the total occupied space for a period over (30) thirty days, the property owner must notify the Tax Administrator within (15) fifteen days.
2. It is the duty of the property owner of each medically exempt property to reapply for the Medical Exemption Certificate annually.
3. The application for recertification must be received before the first business day of July each year. Failure to provide the application will result in the immediate expiration of a Medical exemption Certificate and the transient parking tax must be paid from the date of expiration.

By signing this application I certify that the facility, herein described, meets or exceeds the definition of a medical facility and will comply with the guidelines as set forth above. I further understand that if the information is found to be incorrect (for any reason) and the facility does not qualify for a medical exemption the tax, interest, and penalties must be paid for any period that an exemption is falsely assigned. I also understand that this application is not proof of final approval of a license or permit. This is only an application for a Medical Exemption Certificate.

Signature _____

Date _____

FOR OFFICIAL USE ONLY

Date received: _____

Approved: _____

Denied: _____

Date Issued: _____

Certificate No.: _____

Mail to:
City of Burbank
Financial Services Department
275 East Olive Avenue
Burbank, CA 91502